



Prescription Drug Program

Washington State Health Care Authority

1511 - 3rd Avenue, Suite 523

Seattle, WA 98101

www.rx.wa.gov

February 28, 2013

Dear Interested Party,

Based on recommendations by the Washington State Pharmacy and Therapeutics Committee, the Health Care Authority (Medicaid/Uniform Medical Plan) and the Department of Labor & Industries (L&I) have named the following drugs as preferred in their respective therapeutic classes on the Washington State Preferred Drug List (PDL), effective May 1, 2013:

Estrogen – Oral reviewed 12/21/2011		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
estradiol	estradiol tablet	No	Yes	Yes
estropipate	estropipate tablet	No	Yes	Yes
estrogens, esterified	Menest [®] tablet	No	Yes	Yes
The effect of this recommendation is no change to the PDL.				
Estrogen – Oral Combination		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
estradiol; norethindrone acetate	estradiol/ norethindrone acetate tablet	No	Yes	Yes
	mimvey tablet	No	Yes	Yes
The effect of this recommendation is to make Activella [®] non-preferred on the PDL.				
Estrogen - Transdermal		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
The effect of this recommendation is no change to the PDL.				
Estrogen –Transdermal Combination		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
The effect of this recommendation is no change to the PDL.				
Estrogen – Vaginal		Agency Coverage		
estradiol	Estring [®] ring	No	Yes	Yes
The effect of this recommendation is to make Estring [®] preferred on the PDL and make Vagifem [®] non-preferred on the PDL.				



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Proton Pump Inhibitors reviewed 12/21/2011		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
Lansoprazole	Prevacid Solutab [®]	No	For children & unable to swallow only	No
omeprazole	omeprazole capsule-delayed release/tablet-enteric coated	Yes	Yes	No
omeprazole magnesium	omeprazole magnesium capsule-delayed release	Yes	Yes	No
pantoprazole sodium sesquihydrate	pantoprazole sodium tablet-enteric coated	Yes	Yes	No
	Protonix Pack [®]	No	For children & unable to swallow only	No
The effect of this recommendation is to make Prilosec OTC [®] and omeprazole/sodium bicarbonate non-preferred on the PDL and make Protonix Pack [®] and pantoprazole sodium preferred on the PDL.				

Overactive Bladder (OAB) Update:

The agencies are withdrawing the changes to the OAB drug class on the Washington State Preferred Drug List (PDL) announced on January 25, 2013. *There will be no changes to the OAB class effective March 1, 2013 and the class will be reviewed again in August 2013.*

Each agency will use the common PDL according to its benefit structure. You may view the current PDL at: <http://www.rx.wa.gov/documents/washingtonpdl.pdf>.

If you have other questions or comments regarding this announcement, please contact Leta Evaskus at (206) 521-2029 or by email at leta.evaskus@hca.wa.gov.

Sincerely,

Director, Prescription Drug Program
Washington State Health Care Authority